Washington State Telehealth Collaborative

Meeting Minutes

June 22, 2017
1:00pm-3:00pm
101 Israel RD SE
Tumwater, WA 98501

Attendees (In Person): John Scott (UW), Rep. Joe Schmick, Sen. Randi Becker, Brodie Dychinco (Cambia Health Solutions/Regence), Chris Cable (Kaiser Permanente), Wayne Zebelman (Multicare)

Attendees (By Phone): Frances Gough (Molina), Denny Lordan (Providence), Susan Stern (WA American College of Emergency Physicians), Lori Wakashige (Legacy)

Meeting Called to order by Dr. John Scott at 1:05pm

I. **Review of 05.05.17**
   a. Dr. Scott has asked for a review of May meeting mins and if there are any changes that need to be made. No movement to change May meeting minutes.
   b. Approval of meeting mins was unanimous.

II. **Review of FAQs: Provider and Patients**
   a. Patients FAQ:
      i. Joelle Fathi did a great job editing and revising these
      ii. Went over the definition of Telemedicine
         1. Phrase to provide better and more health care services, any concern with wording?
            a. Providing better access to high quality health care.
      iii. Why should one use Telemedicine
         1. For the patient, it's not always easy or convenient to get help for their health care needs. Health is kind of a stop word.
         2. We have added a video link from one of the HRSA sponsored technical resource centers. It is a 3-4 min video that goes over what Telemedicine is. We have permission to use this video. No royalties needed.
      iv. Differences between Telehealth and Telemedicine
         1. Can use the terms interchangeably but Telehealth is a broader term.
         2. Taking out the wording "remote locations"
      v. Commonality of Telemedicine

1. Full of info

vi. Is Telemedicine Safe?
1. Drop the cost effective part, maybe the patient is not interested in the cost portion
2. "Guidelines for Telemedicine" exist, added to the wording.

vii. Where can patients go to gain access to Telemedicine services
1. This answer varies depending on employer and where the patient lives

viii. Do health plans pay for Telemedicine services?
1. Are there any wellness apps? Taking that piece out.

ix. The reading level of the document, according to the MS Word tool, is 12th grade, which is higher than we're shooting for. However, a lot of this is driven by the actual word, "telemedicine!"

x. **ACTION**: Priscilla will post the patient FAQs to the Telehealth.

b. Providers:

i. **ACTION:** Dr. Scott and Priscilla will do a word match between patients and clinicians FAQs for the first two paragraphs.

ii. Can clinicians get paid for delivering Telemedicine?
1. The language is verbatim from the legislation
2. Medicare and health plans' information is lifted from their websites
3. Clarification of "Home"
a. As effective January 1, 2018, providers are able to conduct Telemedicine visits in the home.
b. Adding in link to bill SB 5436.

iii. Technology
1. Explanation of encryption
2. Containes the standards of the MQAC document

iv. Consent
1. Second paragraph is lifted from MQAC document
2. No changes at the moment on informed consent.
3. Consents can be like a check box instead of a signature line. No signature is required for standard care. It's more of a QI process.
4. Place of service, a complicated topic, might be confusing to people

III. Wayne Zebelman

a. Julie Stroud's replacement at Multicare

b. Wayne on himself:

i. Just started with Virtual health at Multicare

ii. Interest in Telemedicine for the past 5 year, been doing international work. Part of a startup creating a platform and another company as an advisor

c. Motion to have Dr. Zebelman join

i. Motion passed unanimously, Dr. Zebelman is now on the Telemedicine Committee.

WashingtonState
TelehealthCollaborative

IV. Implications of Interstate Compact (Micah Matthews, MQAC)

a. MQAC guidelines were done prior to SB 5419 passage
b. MQAC will be looking into what the current materials are out there and will be working on clarity and definition related to telemedicine
c. Practice across state lines, for continuity of care
d. Commission is clear that for follow up it doesn't matter where the patient is located
e. For example, in border cities when there is established care, the commission does not believe that licensure in neighboring state is necessary
f. Another example: pediatricians who has long-established pediatric patient and then child goes away to college out of state, this is continuity of care and licensure in other state is not required.
g. Commission's intent in their policy is to encourage continuity of care
h. MQAC will push guidelines out to WAMMI states and solicit feedback, so everyone is operating on the same page
i. Policy is not drafted yet, but will be out by August
j. **ACTION:** Micha will send out wording once it is up to get feedback from collaborative.
k. Single events do not need a license in another state
l. When looking at mental health and chemical dependency, would that still be continuity of care? That's the trick, need to be working out with various regulators of Washington State
m. MQAC will try to be as specific as possible to clarify what "an established patient" means
n. FAQ for these scenarios (established care and follow ups) they are in the early stages of development. Everyone in the collaborative will be able to give their input.
o. Compact law helps with expedited licensing, not everyone wants to work in multiple states but some do. And this agreement helps those physicians. All the states in the WAMMI except for Alaska are in this agreement. Oregon is also not a part of this agreement.
p. Focused on making process a one-stop shop. Go to one portal and pay one fee, $750 to work with the Interstate compact and then any state related license fees.
q. The physician has to meet qualifications for each individual state and is either passed or denied, then the state that the provider wants to practice has to issue the license. Turnaround time is about 2-5 days (vs. 90+ days in the past).
ii. Checking to make sure nothing is new in the data banks as well as a FBI background check. Applications can do this ahead of time. Will they will be using the National Provider Identification #? Yes, need one point that is easy to get all the verification that MQAC needs. But that will be already done in the state that the provider has their license.

iii. FBI background checks will be the tricky part. Some states are unable to collect and retain that information. Everyone who goes through the compound has to have a background check. Similar to the TSA.
iv. Fees, doesn't impact the fee for the state. It is all the same. Transmittal fee that is good for a year for your letter of qualifications sent out to states. One payment. Standardization of fees? Attempt to lower the fees, but will be a conversation.
v. Do I have to use this? (Provider) No, if you want to wait about 3 months then that is fine.
vi. This is in addition to your home state licenses
vii. Commission needs to clarify their guidelines
viii. How do we avoid fraud? They are extremely active in making sure that fraud doesn't happen. We want to be proactive about this. Live two way video patient to practitioner is pretty safe, but apps on phones and other issues, can open the door for fraud
ix. How close are we to having a single licenses-> about 29 more states need to sign onto the compact. The compact is viewed as a way to have a single national license.
x. Micah is part of a study group that Center for Telehealth and eHealth Law (CTeL) is putting together
    1. Purpose is to find, vet and assemble data on the economics of telemedicine. Previously, the Congressional Budget Office has scored Telemedicine bills and any potential cost savings very conservatively. If a patient has more access to care, then typically problems are headed off before they get serious, thus sparing ED or hospital visits. CBO is only looking at the encounter and one degree of separation from that. But not the rest of the conditions that go along with that. Hoping for an October submission but that might not happen. Lack of quality studies.

V. Review of Lisa Roche's (Providence Letter)

a. Discussion about making sure the payers of Washington are aware of the upcoming legislation, verifying the difference between billing (Medicare). A way for the payers to become prepared and give clarity on the billing practices.
b. This letter is intended to be sent out from the collaborative
c. No concerns from Brodie Dychinco, quick responses, they do use the GT modifier and the O2 modifier and Home definition in SB 6519, very pro telehealth and Telemedicine. Updating their reimbursement policies on 7/1 to spell out the reimbursement policies
d. Are we asking all the right questions or enough? Maybe not
e. Fees, facility needs to be addressed in how we are looking at this (home)
f. Q3014 for facility fees, problems? Can't differentiate the originating side and distance side.

g. Chris Cable, specific CPT Codes. We need to broaden out how you want these things submitted. Is it a billable services, requirements for being a billable service.
h. A table from all payers for the collaborative would be helpful
i. How is that information sent to the providers from the payers, there is a communication document stating what we expect, Brodie Dychinco has a public facing website that states all the requirements
j. Beneficial for the collaborative approach all the payers in the state to talk about standardization.
k. Multicare would like to have an agreement or clarification would be easier
l. An alignment for Medicare codes would be good but limiting
m. Need more specificity about the fees, a possibility for standardization
n. Two phase approach. How similar and dissimilar the policies are. Agreed amongst the collaborative. Table the standardization.
o. Add Sen Becker's items (Specificity on Pro Fee or Facility or Technology Fee)

VI. Public Comment Period

a. Leslie Emerick, rep 5 clients
    i. Almost all her clients have interest in Telemedicine.
    ii. Concern on how home care will do this. Tele-monitoring, how will that fall under Telemedicine? Most of the time it goes to an RN. They can then flag the problem and then send a doctor out for a visit where does that fall into Telemedicine.
    iii. Hospice and Home services associate, they have an entire subgroup of Telemedicine. Pat Justice, working with the rural communities.
    iv. Billing for palliative care, issue on the fed level
    v. Remote monitoring is it reimbursable? Offer of presentation of palliative care and how we bill.
        1. Remote monitoring is not reimbursable, Medicare. Only Louisiana remote monitors for diabetes.
        2. **ACTION:** UW and Kaiser has been doing similar things like this, maybe have some examples of non-reimbursable telemedicine's.
        3. **Applications:** post-surgical wounds, what is the medical legal responsibility of that.
    vi. Billing for facilities fee for people doing services in the home

Next meeting August 24th 1:00-3:00pm at Seattle Children's

Topics: Training for Providers

Meeting adjourned at 2:40pm